Major Donor and			WAJOR DONOR	COMMITTE	E STATEMENT
Independent Expenditure Comn Campaign Statement (Government Code Sections 84200-84216.5)	e or print in ink.	Date Stamp	CALIFORNIA FORM	461	
	Statement covers period	Date of election if applicable:	1	1/7	
Amendment	from01/01/2017	(Month, Day,Year)		For Official U	Ise Only
SEE INSTRUCTIONS ON REVERSE	through12/31/2017	_			
1. Name and Address Of Filer		3. Summary			
NAME OF FILER (Include name(s) of all affiliated entities whose contri PLUM HEALTHCARE GROUP,LLC	,	(Amounts may be rounded to what is a superior of the content of th	ributions 00 or more		65000.00
MAILING ADDRESS	(NO. AND STREET)	made this period. (Par	•	\$ —	65000.00
CITY	STATE ZIP CODE	2. Unitemized expenditur contributions (including \$100 made this period	g loans) under	\$ —	0.00
SAN MARCOS RESPONSIBLE OFFICER (If filer is other than an individual)	CA 92069 AREA CODE/DAYTIME PHONE	3. Total expenditures and made this period. (Add	I Lines 1 + 2.)	SUBTOTAL \$ —	65000.00
Naveed Hakim		4. Total expenditures and made from prior staten			
2. Nature and Interests of Filer (Con		amount from Line 5 of	•		
A FILER THAT IS AN INDIVIDUAL MUST LIST THE NA OF EMPLOYER OR, IF SELF-EMPLOYED, THE NAME	ME, ADDRESS, AND BUSINESS INTERESTS , ADDRESS, AND NATURE OF THE BUSINESS	filed. If this is the first			0.00
NAME OF EMPLOYER/BUSINESS	BUSINESS INTERESTS	the calendar year, enter		\$ 	0.00
Plum Healthcare	Skilled Nursing	5. Total expenditures and (including loans) made			
ADDRESS OF EMPLOYER/BUSINESS	02000	January 1 of the currer (Add Lines 3 + 4.)		TOTAL \$	65000.00
San Marcos CA X A FILER THAT IS A BUSINESS ENTITY MUST DESCR	92069 IBE THE BUSINESS ACTIVITY IN WHICH IT IS	A Marification			
Skilled Nursing and Rehabilitation A FILER THAT IS AN ASSOCIATION MUST PROVIDE	A SPECIFIC DESCRIPTION OF ITS INTERESTS	4. Verification I have used all reasonable reviewed the statement are contained herein is true at the laws of the State of Ca	nd to the best of my kr nd complete. I certify	nowledge the inforn under penalty of p	nation erjury under
A FILER THAT IS NOT AN INDIVIDUAL, BUSINESS ET COMMON ECONOMIC INTEREST OF THE GROUP O		Executed on01/31/2018	SI	Akim GNATURE OF INDIVIDUAL DO BLE OFFICER IF OTHER THA	

Type or print in ink.
Amounts may be rounded to whole dollars.

INDEPENDENT EXPENDITURE COMMITTEE ANI
MAJOR DONOR COMMITTEE STATEMEN

Statem	nent covers period	CALIFORNIA FORM 461	
from	01/01/2017		
4b.uoalb	12/31/2017	2/7	
through			

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

PLUM HEALTHCARE GROUP,LLC

5. Contributions (Including Loans, Forgiveness of Loans, and Loan Guarantees) and Expenditures Made

(If more space is needed, use additional copies of this page for continuation sheets.)

DATE	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	TYPE OF PAYMENT	DESCRIPTION OF PAYMENT (IF OTHER THAN MONETARY CONTRIBUTION OR LOAN)	CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE	AMOUNT THIS PERIOD	CUMULATIVE AMOUNT RELATIVE TO THIS CANDIDATE, MEASURE, OR COMMITTEE
03/30/2017	Ed Hernandez for LT Governor 2018 Los Angeles CA 90027 ID: 1374488 Reference No:	Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure	Donation	Ed Hernandez Lieutenant Governor Statewide NO: Support Oppose	1000.00	Calendar Year \$ 1000.00 Other \$ 0.00
10/26/2017	Newsom for California Governor 2018 Sacramento CA 95185 ID: 1375287 Reference No:	Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure	Donation	Gavin Newsom Governor Statewide NO: X Support Oppose	2500.00	Calendar Year \$ 2500.00 Other \$ 0.00
03/30/2017	Newsom for California Governor 2018 Sacramento CA 95815 ID: 1375287 Reference No:	Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure	Donation	Gavin Newsom Governor Statewide NO: ☐ Support ☐ Oppose	5000.00	\$ 5000.00 Other \$ 0.00
03/30/2017	Villaraigosa for Governor 2018 Los Angeles CA 90067 ID: 1394091 Reference No:	Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure	Donation	Antonio Villaraigosa Governor Statewide NO: Support Oppose	5000.00	\$ 5000.00 Other \$ 0.00
				SUBTOTAL \$		

FPPC From 461 (8/99)

For Technical Assistance: 916/322-5660

Type or print in ink.
Amounts may be rounded to whole dollars.

INDEPENDENT EXPENDITURE COMMITTEE AND
MAJOR DONOR COMMITTEE STATEMENT

Staten	nent covers period	CALIFORNIA FORM 461	
from	01/01/2017		
through	12/31/2017	3/7	
unougn		1	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

PLUM HEALTHCARE GROUP, LLC

5. Contributions (Including Loans, Forgiveness of Loans, and Loan Guarantees) and Expenditures Made (If more space is needed, use additional copies of this page for continuation sheets.)

DESCRIPTION OF CANDIDATE AND OFFICE, **CUMULATIVE AMOUNT** NAME AND ADDRESS OF PAYEE AMOUNT THIS DATE TYPE OF PAYMENT **PAYMENT** MEASURE AND JURISDICTION. **RELATIVE TO THIS** (IF COMMITTEE, ALSO ENTER I.D. NUMBER) **PERIOD** (IF OTHER THAN MONETARY OR COMMITTEE CANDIDATE, MEASURE, CONTRIBUTION OR LOAN) OR COMMITTEE 10/26/2017 X Monetary 2500.00 Calendar Year Villaraigosa for Governor 2018 Donation Antonio Villaraigosa Contribution Governor Loan 2500.00 Statewide Non-Monetary Los Angeles 90067 Other CA Contribution ID: 1392364 Reference No: NO: Independent 0.00 X Support Oppose Expenditure 03/30/2017 X Monetary 5000.00 Calendar Year Becerra for Attorney General 2018 Donation Xavier Becerra Contribution Attorney General 5000.00 Loan Statewide 90071 Non-Monetary Other Los Angeles CA Contribution NO. ID: 1394091 Reference No: Independent 0.00 X Support Oppose Expenditure 10/26/2017 1500.00 Calendar Year Rendon for Assembly 2018 X Monetary Donation Anthony Rendon Contribution State Assembly Person 1500.00 Loan Statewide 90807 Non-Monetary Other Long Beach Contribution ID: 1373599 Reference No: NO: Independent 0.00 X Support Oppose Expenditure 10/26/2017 5000.00 Calendar Year California Republican Party X Monetary Donation California Republican Party Contribution Other -- Republicans Loan 5000.00 Statewide Non-Monetary Other 95814 Sacramento Contribution ID: 810163 Reference No: NO: Independent 0.00 X Support Oppose Expenditure

FPPC From 461 (8/99)

For Technical Assistance: 916/322-5660

SUBTOTAL \$

Type or print in ink.
Amounts may be rounded to whole dollars.

INDEPENDENT EXPENDITURE COMMITTEE AND
MAJOR DONOR COMMITTEE STATEMENT

Statem	nent covers period	CALIFORNIA ACA	
from	01/01/2017	FORM	461
through	12/31/2017	4/7	
unougn		1	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

PLUM HEALTHCARE GROUP,LLC

5. Contributions (Including Loans, Forgiveness of Loans, and Loan Guarantees) and Expenditures Made

(If more space is needed, use additional copies of this page for continuation sheets.)

DATE	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	TYPE OF PAYMENT	DESCRIPTION OF PAYMENT (IF OTHER THAN MONETARY CONTRIBUTION OR LOAN)	CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE	AMOUNT THIS PERIOD	CUMULATIVE AMOUNT RELATIVE TO THIS CANDIDATE, MEASURE, OR COMMITTEE
10/26/2017	Padilla for Secretary of State 2018 Sacramento CA 95814 ID: 1373719 Reference No:	Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure	Donation	Alex Padilla Secretary of State Statewide NO: Support Oppose	5000.00	\$ 5000.00 Other
10/26/2017	Re-Elect Atkins for Senate 2020 Encinitas CA 92024 ID: 1393189 Reference No:	Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure	Donation	Toni Atkins State Senator Statewide NO: ☐ Support ☐ Oppose	1500.00	\$ 1500.00 Other
10/26/2017	Dr. Richard Pan for Senate 2018 Sacramento CA 95814 ID: 1374058 Reference No:	Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure	Donation	Richard Pan State Senator Statewide NO: Support Oppose	3000.00	\$ 3000.00 Other \$ 0.00
10/26/2017	Vidak for Senate 2018 Hilmar CA 95324 ID: 1373825 Reference No:	Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure	Donation	Andy Vidak State Senator Statewide NO: X Support Oppose	2000.00	\$ Calendar Year \$ 2000.00 Other \$ 0.00
				SUBTOTAL \$		

FPPC From 461 (8/99)

For Technical Assistance: 916/322-5660

Type or print in ink.
Amounts may be rounded to whole dollars.

INDEPENDENT EXPENDITURE COMMITTEE AND
MAJOR DONOR COMMITTEE STATEMENT

Staten	nent covers period	CALIFORNIA ACA	
from	01/01/2017	FORM	461
through	12/31/2017	5/7	
unougn			

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

PLUM HEALTHCARE GROUP, LLC

5. Contributions (Including Loans, Forgiveness of Loans, and Loan Guarantees) and Expenditures Made (If more space is needed, use additional copies of this page for continuation sheets.)

DESCRIPTION OF CANDIDATE AND OFFICE, **CUMULATIVE AMOUNT** NAME AND ADDRESS OF PAYEE AMOUNT THIS DATE TYPE OF PAYMENT **PAYMENT** MEASURE AND JURISDICTION. **RELATIVE TO THIS** (IF COMMITTEE, ALSO ENTER I.D. NUMBER) **PERIOD** (IF OTHER THAN MONETARY OR COMMITTEE CANDIDATE, MEASURE, CONTRIBUTION OR LOAN) OR COMMITTEE 10/26/2017 X Monetary 1000.00 Calendar Year Dr. Joaquin Arambula for Assembly 2018 Donation Joaquin Arambula Contribution State Assembly Person Loan 1000.00 Statewide 95814 Non-Monetary Other Sacramento CA Contribution ID: 1393111 Reference No: NO: Independent 0.00 X Support Oppose Expenditure 10/26/2017 X Monetary 1000.00 Calendar Year David Chiu for Assembly 2018 David Chiu Donation Contribution State Assembly Person 1000.00 Loan Statewide 95814 Non-Monetary Other Sacramento CA Contribution NO. ID: 1393047 Reference No: Independent 0.00 X Support Oppose Expenditure 10/26/2017 Kansen Chu for State Assembly 2018 1000.00 Calendar Year X Monetary Donation Kansen Chu Contribution State Assembly Person 1000.00 Loan Statewide 95814 Non-Monetary Other Sacramento Contribution ID: 1393543 Reference No: NO: Independent 0.00 X Support Oppose Expenditure 10/26/2017 1000.00 Calendar Year Brian Dahle for Assembly 2018 X Monetary Donation Brian Dahle Contribution State Assembly Person Loan 1000.00 Statewide Non-Monetary Other 95324 Hilmar Contribution ID: 1393369 Reference No: NO: Independent 0.00 X Support Oppose Expenditure

FPPC From 461 (8/99)

For Technical Assistance: 916/322-5660

SUBTOTAL \$

Type or print in ink.
Amounts may be rounded to whole dollars.

INDEPENDENT EXPENDITURE COMMITTEE ANI
MAJOR DONOR COMMITTEE STATEMEN

Statement covers period		CALIFORNIA	161	
from	01/01/2017	FORM	401	
through	12/31/2017	6/7		
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

PLUM HEALTHCARE GROUP,LLC

5. Contributions (Including Loans, Forgiveness of Loans, and Loan Guarantees) and Expenditures Made

(If more space is needed, use additional copies of this page for continuation sheets.)

DATE	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	TYPE OF PAYMENT	DESCRIPTION OF PAYMENT (IF OTHER THAN MONETARY CONTRIBUTION OR LOAN)	CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE	AMOUNT THIS PERIOD	CUMULATIVE AMOUNT RELATIVE TO THIS CANDIDATE, MEASURE, OR COMMITTEE
10/26/2017	Vince Fong for Assembly 2018 Sacramento CA 95814 ID: 1393014 Reference No:	Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure	Donation	Vince Fong State Assembly Person Statewide NO: □ Support □ Oppose	1000.00	\$Other
10/26/2017	Lackey for Assembly 2018 Sacramento CA 95814 ID: 1393205 Reference No:	Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure	Donation	Tom Lackey State Assembly Person Statewide NO: Support Oppose	2000.00	\$ Calendar Year \$ 2000.00 Other \$ 0.00
10/26/2017	Blanca Rubio for Assembly 2018 Sacramento CA 95814 ID: 1393364 Reference No:	Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure	Donation	Blanca Rubio State Assembly Person Statewide NO: Support Oppose	3000.00	\$ 3000.00 Other \$ 0.00
10/26/2017	Anthony Rendon for Assembly 2018 Sacramento CA 95814 ID: 1393414 Reference No:	Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure	Donation	Anthony Rendon State Assembly Person Statewide NO: Support Oppose	1500.00	\$ 1500.00 Other
SUBTOTAL \$						

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FPPC From 461 (8/99) For Technical Assistance: 916/322-5660

Type or print in ink.
Amounts may be rounded to whole dollars.

INDEPENDENT EXPENDITURE COMMITTEE AND
MAJOR DONOR COMMITTEE STATEMENT

Statement covers period		CALIFORNIA	161
from	01/01/2017	FORM	461
through	12/31/2017	7/7	
unougn		1	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

PLUM HEALTHCARE GROUP,LLC

5. Contributions (Including Loans, Forgiveness of Loans, and Loan Guarantees) and Expenditures Made (If more space is needed, use additional copies of this page for continuation sheets.)

DATE	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	TYPE OF PAYMENT	DESCRIPTION OF PAYMENT (IF OTHER THAN MONETARY CONTRIBUTION OR LOAN)	CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE	AMOUNT THIS PERIOD	CUMULATIVE AMOUNT RELATIVE TO THIS CANDIDATE, MEASURE, OR COMMITTEE
10/26/2017	Kiley for Assembly 2018 Sacramento CA 95833 ID: 1392453 Reference No:	Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure	Donation	Kevin Kiley State Assembly Person Statewide NO: ☐ X Support ☐ Oppose	2000.00	\$ Calendar Year \$ 2000.00 Other \$ 0.00
03/30/2017	c/0 David Pruitt Consulting California Democrati Sacramento CA 95814 ID: 741666 Reference No:	Contribution Loan Non-Monetary Contribution Independent Expenditure	Donation	California Democratic Party Other Democratic Party Statewide NO: Support Oppose	10000.00	Calendar Year \$ 10000.00 Other \$ 0.00
03/30/2017	John Chiang for Governor 2018 Dublin CA 94568 ID: 1385799 Reference No:	Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure	Donation	John Chiang Governor Statewide NO: X Support	5000.00	\$ 5000.00 Other \$ 0.00

SUBTOTAL \$ 67500.00